

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0851-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/872,797
		Filing Date	JUNE 1, 2001
		First Named Inventor	MORGAN
		Examiner Name	DINH
		Art Unit	2132
TOTAL AMOUNT OF PAYMENT (\$) 1000		Attorney Docket No.	ARC920000133US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 09-0441 Deposit Account Name: IBM

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 20 or HP =	0	50	0
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 3 or HP =	0	200	0
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

4. OTHER FEE(S)		Fees Paid (\$)	
Fee Description	Fee (\$)	Fee (\$)	
Non-English Specification, \$130 fee (no small entity discount)			
Other (c.g., late filing surcharge): NOTICE OF APPEAL: APPEAL BRIEF FEES			1000

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 33,548	619-338-8075
Name (Print/Type)	JOHN L. ROGITZ	Date	APRIL 29, 2005

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PTO/SB/21 (09-04)

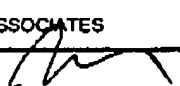
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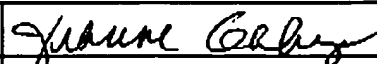
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/872,797	
	Filing Date	June 1, 2001	
	First Named Inventor	Morgan	
	Art Unit	2132	
	Examiner Name	Dinh	
Total Number of Pages in This Submission	13	Attorney Docket Number	ARC820000133US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks ASSOCIATED WITH CUSTOMER NO. 24955		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROGITZ & ASSOCIATES		
Signature			
Printed name	JOHN L. ROGITZ		
Date	APRIL 29, 2005	Reg. No.	33,546

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	JEANNE GAHAGAN	Date	APRIL 29, 2005

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